PTO/SB/06 (12-04)
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Un	der the Paperwoo	ENT APPLIC	CATION	persons are requ N FEE DETE ute for Form P1	RMINATIO	to a collection of info	rmation unles		ation or Docket N	
える	E 2/28	IPPLICATION		ED – PART I	olumn 2)	SMALL E	ENTITY	OR		R THAN ENTITY
	FOR	NUMB	ER FILED	NUMB	ER EXTRA	RATE (\$)	FEE (\$)	}	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		c))	N/A _		N/A	N/A	·	1	N/A	790
SEARCH FEE 37 CFR 1.16(k), (i), or (m))			N/A		N/A	N/A		1	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A	N/A		1	N/A	<u> </u>
TOTAL CLAIMS (37 CFR 1.16(i))		21/	24 minus 20 =		3	x =	************	OR	x =	
NDEPENDENT CLAIMS 37 CFR 1.16(h))			3 minus #			x =		1	x =	1
PP EE	LICATION SIZE	sheets of is \$250 (additional	cification paper, th \$125 for s 150 shee	and drawings ne application s small entity) for ets or fraction th)(G) and 37 CF	ize fee due each ereof. See					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						N/A] .	···· N/A	
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL			TOTAL	790
AMENDMENT A	1/26/05	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL E	ADDI- TIONAL FEE (\$)	OR		THAN ENTITY
	Total (37 CFR 1.16(i))	· 24	Minus	" 21	· 3	× 25 =		OR	x 50 =	150
	Independent (37 CFR 1.16(h))	· 3_	Minus	··· 4	-	x 100 =		OR	x 200 =	
	Application Size Fee (37 CFR 1.16(s))								-	ļ
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	N/A	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	9409
		(Column 1)		(Column 2)	(Column 3)					
NB		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL ' FEE (\$)
ME	Total (37 CFR 1.16(i))	•	Minus	##	=	x =		OR	x =	
2	Independent (37 CFR 1.16(h))	*	Minus	***	=	x . =		OR	x =	
AMENDMEN	Application Size Fee (37 CFR 1.16(s))]	1	.,*
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	N/A	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number 09-818604 PATENT APPLICATION FEE DETERMINATION RECORD . Effective October 1, 2000 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR **SMALL ENTITY TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE 355.00 BASIC FEE FOR **NUMBER FILED NUMBER EXTRA** 710.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135 =OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-**AMENDMENT A** REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY** AFTER **EXTRA** FEE FEE **AMENDMENT** PAID FOR Total .. Minus X\$ 9± X\$18= OR Independent .3 Minus X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135± OR TOTAL ADDIT, FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL AMENDMENT RATE TIONAL RATE AFTER . PREVIOUSLY. **EXTRA** AMENDMENT PAID FOR FEE FEE 20 Total Minus X\$ 9= X\$18= OR Independent Minus = X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-O REMAINING NUMBER PRESENT TIONAL **AMENDMENT** RATE RATE TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Minus Independent X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR 1 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

TOTAL

ADDIT. FEE

TOTAL

ADDIT, FEE